MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02847

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Powder Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; STREET ADDRESS (If rural, give location) Powder Mill Road

3. NAME OF DECEASED (Type or Print): (First) D. (Middle) HALL (Last) BARNHART

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 15, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurseryman

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Barnhart

14. MOTHER'S MAIDEN NAME: Clara E. Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Elizabeth C. Barnhart Powder Mill Road, Beltsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Infarction secondary to Auricular Fibrillation — Interval Between Onset and Death: 3 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic Heart Disease & Auricular Fibrillation — Undetermined

(c) Generalized Arterio sclerosis — Undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis — Undetermined

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to Mar 17, 1951, that I last saw the deceased alive on Feb 26, 1951, and that death occurred at Approximately m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George L Ball M.D. 7835 Eastern Ave Silver Spring, Md Mar 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/20/51	Arlington National Cemetery	Arlington County Va.

DATE REC'D BY LOCAL REG. March 17 1951 — REGISTRAR'S SIGNATURE John D. Smith — 24. FUNERAL DIRECTOR — ADDRESS

8434 Ga. Ave., Silver Spring Maryland

100105

Coroner Maloney of Prince Georges County was informed concerning details of this death and he has authorized my signing the certificate.

Mar 17, 1951

Lenz L Bell MD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02848

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6507-C Ft Maryland Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 6507-C Ft Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park Md
STREET ADDRESS (If rural, give location) 6507-C Ft.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emory	Edgar	Bates	March	10	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White US	Widowed	Oct 23 1880	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Retired	Washington DC	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Husband Emory H Bates	Unknown Mary A. Beale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown		Spencer R. Mullican

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	20 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	
	(c)	

4/20/1 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY none m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? none		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☑, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul C Van Gaalen MD	Dept Coroner	Washington DC	March 10 1957

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 16, 1957	Glenwood Cemetery	Washington	DC

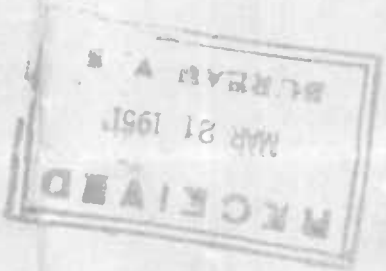
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/57	Amanda Downey Carrie F. Campbell.	F Bassett & Sons	Hyattsville Md

564 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
MAR 21 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02849

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince George's

City or town: Hyattsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since Nov. 1950

Hospital, institution, or street address where death occurred: Mother Jones Rest Home

How long in hospital or institution? Nov. 1950

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Bowie, Md County: Prince George County

City or town: Bowie (If outside city or town limits, write RURAL and give nearest town)

Street No.: None, Bowie, Maryland (If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Beall, Charlotte Ann

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Widowed

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1858 Nov. 15

8. AGE: Years	Months	Days	If less than one day
92	4	1	..... hrs. ..... min.

9. Birthplace: Suitland, MD (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: At Home 331X 830

FATHER 12. Name: Thomas Beall

FATHER 13. Birthplace: Suitland, Md

MOTHER 14. Maiden name: Charlotte Hardy

MOTHER 15. Birthplace: Suitland, Md

16. Informant: Mrs. Alice Comerford

Address: Bowie, High Bridge, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: March 19, 1951 (month) (day) (year)

Cemetery or crematory: St. Barnabas Church Cemetery

Location: Leland, Maryland.

18. Funeral director: W.W. Chambers Co

Address: 1400 Chapin St. N.W.

Mar 17 1951 James Secrest

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-16 19 51, at 8:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 51, to March 19 51

and that I last saw her alive on March 16 19 51

Immediate cause of death	DURATION
Cerebrovascular Accident	
Renal insufficiency	
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Bernard A. Fitzgerald MD M. D. or other

Address: 802 Malcolm Dr. S.S. Md Date signed: 3/16/51


RECEIVED
MAR 20 1951
BUREAU F. S.

Evidence for change in 9 shown on: FHAN No. G 131 APR 4 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02850

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY P. G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mitchellville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mitchellville
STREET ADDRESS (If rural, give location) Queenanne Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franklin (Last) Beall
4. DATE OF DEATH: (Month) Mar (Day) 12 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1866
9. AGE last birthday: 84 86 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mamie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Josephine Fowler (Mitchellville, Md.) Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cardiac decompensation — Interval Between Onset and Death: 6 mos

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertensive C V disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to 12 Mar, 1951, that I last saw the deceased alive on 10 Mar, 1951, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R B Farmer M D Upper Marlboro, Md 12 Mar 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/15/51
NAME OF CEMETERY OR CREMATORY: Mt. Carmel
LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: Mar 17 1951
REGISTRAR'S SIGNATURE: R Burl Smith
24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

10 20 105

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02851

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 30 yrs. 5 mos. 30 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1821 Corcoran St.

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) (Last) BLAND
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: 9-22-1882
9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John B. Bland
14. MOTHER'S MAIDEN NAME: Mary E. Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: — Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — Many Years
Antecedent cause(s) (b) Chronic Endocarditis — Many Years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General Arteriosclerosis — " "

422.1
92.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1949, to 3-13-, 1951, that I last saw the deceased alive on 3-13-, 1951, and that death occurred at 8:15 A. m., from the causes and on the date stated above.

SIGNATURE: James P. Sands. (Degree or title): M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 3-13-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-15-51 — NAME OF CEMETERY OR CREMATORY: Lock Creek Cem. — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: Mar 13-51 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: The S. H. Acker Co. — ADDRESS: 2901-14th St. N.W. Wash D.C.

13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02852

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5711-25th avenue Hillcrest Heights, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC
STREET ADDRESS (If rural, give location) 5711-25th Ave Hillcrest Heights Md.

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) Geoffrey (Last) Bourke

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1957

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): married

8. DATE OF BIRTH: Jan 20 1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Care taker and Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Hillcrest Heights apts.

11. BIRTHPLACE (State or foreign country): Brownsville Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Lois Tilghman Bourke

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion — Interval Between Onset and Death: 30 min.

92e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) (History of Chronic Endocarditis but Angina as to duration).
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Paul C Van Valtkenburg M.D. Dept Coroner 1900 Washington 19 DC March 10 1957

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/14/57 — NAME OF CEMETERY OR CREMATORY: Arlington Natl — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Mar-10-1957 — REGISTRAR'S SIGNATURE: Edna F. Coelun

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. 517 11th St S.E. Wash. DC

770746

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02853 231

Reg. Dist. No. ~~2044~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4901 Carrenwood Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Breerwood
4. DATE OF DEATH: (Month) Mar (Day) 8, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	June 12 1869	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: US Govt
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Kenneth Breerwood Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155x Immediate cause (a) Carcinoma of Liver
46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis — 6 mo.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 3-8, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 2 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Bowers M.D. M D. 9514 Baltimore St Hyattsville, Md. 3/8/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/10/51	St. Marys	Woodlington Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/51	Amanda Downey	E Fascha Sons	Hyattsville Md

810105

MARYLAND STATE DEPARTMENT OF HEALTH 02851

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Georges. 6809 NEW HAMPSHIRE AVE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK | LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6809 NEW HAMPSHIRE Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Pr. Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK Md.
STREET ADDRESS (If rural, give location) 6809 NEW Hampshire Ave.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) DE LERU (Last) BROWN
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 15, 1882
9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THEODORE F. SCHUMACHER
14. MOTHER'S MAIDEN NAME: Antonette WEIGMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: T. WELLS BROWN 6809 N.H. Ave. TK. PARK.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 96 hrs.

180 x 520 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, Rt kidney + bladder — 1 yr

(c) with metastases

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 May, 1951, to 12 May, 1951, that I last saw the deceased alive on 11 May, 1951, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest L. Davis M.D. 6711 New Hampshire Ave Takoma Park Md 12 May 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/14/1907 | NAME OF CEMETERY OR ~~CREMATORY~~ Rock Creek | LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. March 13, 1907 | REGISTRAR'S SIGNATURE James Seven | 24. FUNERAL DIRECTOR F. Gaithersburg Gaithersburg Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02855

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek | LENGTH OF STAY (in this place): 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daisy	Martin	Brown	March	22	19.51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April 4 1868	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Evergreen Alabama.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Martin	Mary Virginia Hunley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Virginia C. Watson. Accokeek. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Myocarditis	3 mos.
431X Antecedent cause(s)	
93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 19.50, to 3/22, 19.51, that I last saw the deceased alive on March 20, 19.51, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin G. Susan M.D. ADDRESS Indian Head, Md. DATE SIGNED 3-22-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 24 51	National Memorial Park	Falls Church Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/51	[illegible]	Hunter Ryon	Waldorf. Md.

COPY SENT TO [redacted] REGISTRAR No.____ DATE____

MARYLAND STATE DEPARTMENT OF HEALTH 02856

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 3018 - Douglas St N E

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Theodore (Last) Brown
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Sept 14, 1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: W Henry Brown
14. MOTHER'S MAIDEN NAME: Elizabeth Burke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Lena May Perry 3018 Douglas St NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x Immediate cause (a) Cerebral Hemorrhage

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Cerebral Hemorrhage — many years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17th of March, 19 51, to March 27th, 19 51, that I last saw the deceased alive on 22nd of March 19 51, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE: Carl A. Lauber — (Degree or title) M.D. — ADDRESS 501 8th St N.E. — DATE SIGNED 3/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 3/30/1951 — NAME OF CEMETERY OR CREMATORY Dash Memorial Park — LOCATION (City, town, or county) (State) Prince George's Co. Md

DATE REC'D BY LOCAL REG. Mar. 27 1951 — REGISTRAR'S SIGNATURE Mrs. Jas. Revere (Deputy Reg.) — 24. FUNERAL DIRECTOR Robert H Mattingly — ADDRESS 131-11th St SE Wash D C

510246

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02857

Reg. Dist. No. 2-32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Pr. Geo. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Clinton, Md.) | LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Clinton, Md.)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Phillip	Buckler	3	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Single	Oct. 10, 1906	44 yrs.		

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farming
11. BIRTHPLACE (State nr foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip A. Buckler
14. MOTHER'S MAIDEN NAME: Delphine Marr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war nr dates nf service): W.W. 2
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Jos. A. Buckler, 28 9th St., S.E., Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia and and Practically Consumed by fire - 916.0
Antecedent cause(s) Diseases nr conditinns, if any, giving rise to the above cause stating the underlying cause last (b) when on his home, 180 — Immediate
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions cnntributing to the death but nnt related to the disease or condition causing death. unknown

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home — (CITY OR TOWN) Clinton — (COUNTY) and (Prince George) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): March 12 1951 9 P. m.
INJURY OCCURRED While at work ☐ Nnt while at work ☒
HOW DID INJURY OCCUR? Home caught on fire - He was found Burned to death in bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Paul C. Van Hulle Act. Dept. Coroner Washington 19 D.C. 5410 Silver Hill Rd. March 14 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/15/51	Arlington National	Fort Myer Virginia

DATE RECD BY LOCAL REG. March 14 1951 — REGISTRAR'S SIGNATURE: R. Ens. Smith
24. FUNERAL DIRECTOR — ADDRESS: Ritchie Bros., Upper Marlboro, Md.

820105

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02858

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
MARYLAND
LENGTH OF STAY (In this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Burkley

4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 4-15-05

9. AGE last birthday 45 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Henry Burkley

14. MOTHER'S MAIDEN NAME Ethel Henrietta Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 577-01-2252

17. INFORMANT Phyllis Page Beaver - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	
	(c) Cardiovascular renal disease	

420.1
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 3-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 7, 1951
NAME OF CEMETERY OR CREMATORY Bowie Catholic Cemetery
LOCATION (City, town, or county) (State) Bowie Md

DATE REC'D BY LOCAL REG. 3/6/51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md.

3/8/51 agnes M. Ginglein

754679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02859

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
STREET ADDRESS (If rural, give location) 2624 Kirkwood Pl.

3. NAME OF DECEASED (Type or Print): (First) Inez I. (Middle) Burnham (Last)

4. DATE OF DEATH: (Month) MAR (Day) 2 (Year) 1951

5. SEX: F. — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S. — 8. DATE OF BIRTH: Feb 25 1881 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired (Govt. Printing Office) — 10b. KIND OF BUSINESS OR INDUSTRY: U.S. — 11. BIRTHPLACE (State or foreign country): New Hampshire — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mortimer Burnham — 14. MOTHER'S MAIDEN NAME: Eldora Dutch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Mrs John Callahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Acute Myocardial Infarction — 3½ days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive-Arteriosclerotic Heart Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolism — 2½ days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to March, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Francis J Murray M.D. — 2111 Barrett Pl NW — March 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 3/5/51 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Mar 2 1951 — REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR — ADDRESS

J. W. McLees Sons Co — 3004 N.E.

VVV459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02860

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hosp 6204-54th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Lawrence (Last) Callaghan

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6/27/61

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailor + Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Birmingham, England

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas Callaghan

14. MOTHER'S MAIDEN NAME: Briget Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): English Army

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Beatrice Butler - Riverdale, Md. 6204-54th Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Min

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1951, to 3/12, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 525 p.m., from the causes and on the date stated above.

SIGNATURE: L W Mallon (Degree or title) MD — ADDRESS: Riverdale, Md — DATE SIGNED: 3-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MARCH 15/1951 | NAME OF CEMETERY OR CREMATORY: WASH. NATL CEM | LOCATION (City, town, or county) (State): SUITLAND, PR GEO., MD

DATE REC'D BY LOCAL REG.: March 13, 1951 | REGISTRAR'S SIGNATURE: James Severy

24. FUNERAL DIRECTOR: W.W. CHAMBERS CO. - RIVERDALE MD — ADDRESS

673 VII

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02861

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Decatur Heights
STREET ADDRESS (If rural, give location): 4002-53rd. Avenue

3. NAME OF DECEASED (Type or Print): (First) Concetta (Middle) Rita (Last) Scalco Catalano

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/22/1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rito Scalco

14. MOTHER'S MAIDEN NAME: Josephine Morino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Left Cerebral Hemorrhage	5 days
443x 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	14 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 4:48 p.m., from the causes and on the date stated above.

SIGNATURE: Charles C. Hageage (Degree or title) M. D. ADDRESS: Mt. Rainier, Md. DATE SIGNED: 3/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/27/1951
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: 3-25-51
REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Nalley's Funeral Home
ADDRESS: 3200-R.I. Ave. Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02862

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (In this place): Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 212 Freeway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marlboro
STREET ADDRESS (If rural give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) [illegible] (Last) Chaney

4. DATE OF DEATH: (Month) Mar. (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 9, 1890

9. AGE Last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (Own Building)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Samuel Chaney

14. MOTHER'S MAIDEN NAME: Mary Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 5-79-20-0395

17. INFORMANT: Cleveland Chaney, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (422.1 / 93d)	(b) Cardiovascular disease	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville Md. 3-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/20/51

NAME OF CEMETERY OR CREMATORY: Mt. Harmony

LOCATION (City, town, or county) (State): Mt. Harmony Calvert Md.

DATE REC'D BY LOCAL REG.: March 19, 1951

REGISTRAR'S SIGNATURE: R. Lee Smith

24. FUNERAL DIRECTOR ADDRESS: Ritchie Brothers Upper Marlboro, Md

510 246


RECEIVED
MAR 21 1951

Evidance for additions in red shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02863

CERTIFICATE OF DEATH

Reg. Dist. No. 231

~~FIRM No. G 131~~ MAR 30 1951

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 6 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. General.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 4510 - Rittenhouse St

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) W (Last) Colburn.

4. DATE OF DEATH: (Month) MAR (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 21 Sept 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Hauck

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Murphy - 4510 Rittenhouse St. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCTION	HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY INSUFFICIENCY	2 wks
420.1 93d	(c) HYPERTENSIVE HEART DISEASE	10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1951, to March 24, 1951, that I last saw the deceased alive on March 24, 1951, and that death occurred at 4 05 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Benjamin S. Miller M.D. 3824-34th St. Mt. Rainier Md 3-25-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3-27-51 | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 3-25-51 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR | ADDRESS: Robt. A. Mattingly 131-11th St. S.E., Wash., D.C.

VVVVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02864

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 2 yrs 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1338 Gallatin N. W.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) E. (Last) Coldenstroth
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: 6/2/1868
9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Angel Ghiselle
14. MOTHER'S MAIDEN NAME: Louise Ferreri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: P. E. Coldenstroth 5509 4th St N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolus due to broken hip. — Interval between onset and death: 24 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis — Many Years

(c) General Arteriosclerosis — Many Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Laurel Sanitarium
(CITY OR TOWN) Laurel (COUNTY) PG Co (STATE) Md
TIME OF INJURY (Month) 3 (Day) 14 (Year) 51 (Hour) 12 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? While walking - fell to the floor.

22. I hereby certify that I attended the deceased from 1/28, 1949, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Jesse C Cousins (Degree or title) M.D. ADDRESS Laurel Sanitarium Laurel Md DATE SIGNED 3/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3-27-51 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem — LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. Mar 23-1951 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR J. A. Sanders & Sons — ADDRESS Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02865

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2500 Block Hemlworth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Howard~~ Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Crawford
4. DATE OF DEATH: (Month) (Day) (Year) 3-15-1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	12-24-1894	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	On farms	Maryland	U.S.A.

13. FATHER'S NAME: Benjamin Crawford
14. MOTHER'S MAIDEN NAME: Florence Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-10-0026	Doris W. Crawford - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8125 **Immediate cause** (a) Hemorrhage & shock — Interval between onset and death:

170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull, cervical vertebra, pelvis & both legs

(c) Struck by automobile

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Tuxedo	Prince Geo.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3-15-51 12:45 p.m.		Struck by automobile while walking on street.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malone M.D. Dep. Med Exam	Cheverly Md.	3-15-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	3-17-51	Locust Chapel	Capitol Hgts, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/51	Amanda Downey	F. C. Hightbottom	Elliott City, Md. 8/20/55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02866 240

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Upper Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY OR TOWN Rural; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Cross

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar 13 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months — Days 15 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Owner)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Crooms - Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Cross

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Abey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jane Cross - Upper Marlboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation	4 months
	(c) Arteriosclerosis	20 yrs

450.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 26, 1951, to Mar. 31, 1951, that I last saw the deceased alive on Mar. 31, 1951, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE: James E. Tarrer (Degree or title) M.D. ADDRESS: Upper Marlboro, Md DATE SIGNED: Mar. 31 1951

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 4/3/51; NAME OF CEMETERY OR CREMATORY: Emanuel; LOCATION (City, town, or county) (State): Bayden

DATE REC'D BY LOCAL REG. 4-2-51; REGISTRAR'S SIGNATURE: M. L. Howard; F. H. Billingsley

24. FUNERAL DIRECTOR: Hunt & Lyon; ADDRESS: Waldorf Md

100105

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02867

Reg. Dist. No. 2-34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY PR. GEO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON 20, DC. | LENGTH OF STAY (In this place) 25 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6601 TUCKER Rd., S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON 20, D.C.
STREET ADDRESS (If rural, give location) 6601 TUCKER Rd., S.E.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) DELOZIER

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 3-5-1900

9. AGE last birthday: 51 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov. Employee

10b. KIND OF BUSINESS OR INDUSTRY: St Elizabeth Hosp.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MARCELLUS DELOZIER

14. MOTHER'S MAIDEN NAME: Sarah Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHN THOMAS DELOZIER, JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia and suffocation. Procedure commenced by fire.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	unknown
	(c)	

9160
180

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY HOME | (CITY OR TOWN) WASHINGTON 20 D.C. | (COUNTY) PR. GEO. | (STATE) MD.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 · 28 · 51 2:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? House caught fire-was asleep.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul E. Ten Yatto M.D. Washington 19 DC Pr. Geo Co. Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF March 30-51 | NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery | LOCATION (City, town, or county) Upper Marlboro | (State) Md

DATE REC'D BY LOCAL REG. March 28 51 | REGISTRAR'S SIGNATURE Howard J Beck

24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 2007 Nicholson

Mrs. Alton Davis

WW 8-6912 20 DC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02868

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davisville — LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.O. Waldorf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davisville
STREET ADDRESS (If rural give location): P.O. Waldorf.

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) Thomas (Last) De Marr

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1951.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 11, 1899

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Aquasco Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Ollie De Marr

14. MOTHER'S MAIDEN NAME: Ella Victoria Foy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Edw H. De Marr (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute Myocarditis — Interval between onset and death: 1 dy.

592 X Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Chronic ~~Myocarditis~~ Nephritis — 6 mos.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 2:02 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank G. Lynn, M.D. — ADDRESS: Indian Head, Md. — DATE SIGNED: 3-23-51.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 3/26/51 — NAME OF CEMETERY OR CREMATORY: Washington Nat'l Cemetery — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 3-23-51 — REGISTRAR'S SIGNATURE: W. D. Howard — 24. FUNERAL DIRECTOR: Hunter Lynn — ADDRESS: Waldorf, Md

C. Howard

100 105

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02869

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2121 Gulford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2121 Gulford Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George Washington	Charles	Dreyer	Mar 24 1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	3-15-1877	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Translator	Philadelphia	U.S.A.

13. FATHER'S NAME John Dreyer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

15. SOCIAL SECURITY NO. —

17. INFORMANT Albert Jones Son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Coronary Thrombosis	
	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Malarney M.D.	Dep. Md. Exam.	Cheverly Md	3-25-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/29/51	Arlington National Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 31, 1957	James Devers	Warren E. Pumphrey	8434 Ga. Ave., Silver Spring, Maryland

099808

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02870

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY in this place: 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geos
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
STREET ADDRESS (If rural give location): 907 - Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Ellis (Middle) [illegible] (Last) Delaney
4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: May 14 1903
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Culpeper County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Delaney
14. MOTHER'S MAIDEN NAME: Martha Cave
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: ?
17. INFORMANT: Mrs. Ruby Beahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull & pelvis & crushed chest	
812.5 170c	(c) Struck by automobile	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN): Bowie — (COUNTY): Pr. Georges — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 3-4-51 5:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by automobile while crossing Rt 1

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. — Church - Hyattsville Md. — 3-4-51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 5 March 1951 — NAME OF CEMETERY OR CREMATORY: Deeds Funeral Home — LOCATION (City, town, or county): Culpeper — (State): Va.

DATE REC'D BY LOCAL REG.: March 5, 1951 — REGISTRAR'S SIGNATURE: James. Sevey

24. FUNERAL DIRECTOR — ADDRESS: E. Davis Sons - Hyattsville, Md.

840105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02871

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4225-29th. street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4225-29th. street

3. NAME OF DECEASED (Type or Print): (First) Leon; (Middle) A.; (Last) Durand

4. DATE OF DEATH: (Month) March; (Day) 5; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/19/1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter.

10b. KIND OF BUSINESS OR INDUSTRY: Bridge Builder Rail Road.

11. BIRTHPLACE (State or foreign country): Washington, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Durand

14. MOTHER'S MAIDEN NAME: Roxanna Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-30-3231

17. INFORMANT AND ADDRESS: Son-inlaw Harold J. McDonnell 4225-29th.st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia + asthma — Interval Between Onset and Death: 10 days

491 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Mar 5, 1951, that I last saw the deceased alive on Mar 4, 1951, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Cyrus R. Cranking M.D. 1339-Monroe-N.E. Wash D.C. 3/5/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/8/1951 | NAME OF CEMETERY OR CREMATORY: Washington Memorial Park | LOCATION (City, town, or county) (State): Riggs Rd. Extended Md.

DATE REC'D BY LOCAL REG.: Mar 7 1951 | REGISTRAR'S SIGNATURE: Mrs Jas. Severe Deputy | 24. FUNERAL DIRECTOR ADDRESS: Talley's Funeral Home 3200-R.I. Ave. Mt. Rainier, Md.

690506

MARYLAND STATE DEPARTMENT OF HEALTH

02872

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 201 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): 201 Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	Lee	Fisher	Mar. 29 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Aug 26 1889	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired mail carrier	Rural Mail Carrier	Laurel	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elwood M. Fisher	Emma Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Eugenia S. Fisher - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute congestive heart failure	
442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
131a (c) Arteriosclerosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malonee, M.D. Dep. Med Exam.	Cheverly-Hyattsville, Md	3-29-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 31, 1951	Natl Capital Mem. Park	Muirkirk, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 30 - 1951	M. Brashears	De Witt Donaldson	Laurel Md

632808

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02873

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 31 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District Of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2946 - McKinley Street N.W.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) ALFRED (Last) FITZGERALD

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept.5,1885

9. AGE last birthday: 65 yrs. If under 1 year: Months 8 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary-Treasurer

10b. KIND OF BUSINESS OR INDUSTRY: International Union of Operating Engineers

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fitzgerald

14. MOTHER'S MAIDEN NAME: Catherine Madrain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Mrs.Mary Fitzgerald ,2946-McKinley St.N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage or R. hemiparalysis — Interval between onset and death: mo 3 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Marked hypertension & arteriosclerosis — yrs

(c) Heart disease Marked overweight — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15 ..., 19..., to 3/29/1951, that I last saw the deceased alive on 3/28/1951, and that death occurred at 2.10 A m., from the causes and on the date stated above.

SIGNATURE: Chas A Wolohan (Degree or title) ADDRESS 300 Underwood St NW, Wash DC DATE SIGNED 3/29/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF APRIL 2/51 | NAME OF CEMETERY OR CREMATORY Beaverdale Cem. | LOCATION (City, town, or county) (State) New Haven, Conn.

DATE REC'D BY LOCAL REG. March 29,1951 | REGISTRAR'S SIGNATURE Mrs Jas. Devere (Deputy Registrar) | 24. FUNERAL DIRECTOR Martin W. Hysong Co. — | ADDRESS 1300-N St NW Wash. D.C.

290897

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02874

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6014-07th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maine — COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Augusta
STREET ADDRESS (If rural give location) 43 Child's Street ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Fletcher

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: Dec 20 1864 — 9. AGE Last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt. Emp — 10b. KIND OF BUSINESS OR INDUSTRY: Asst. P.O. Dept — 11. BIRTHPLACE (State or foreign country): Maine — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Fletcher — 14. MOTHER'S MAIDEN NAME: Annie Peavey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war, or dates of service) ...
16. SOCIAL SECURITY No. NONE
17. INFORMANT: Warren G. Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cc congestive heart failure — 442a
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease — 131a
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Md. Exam. — Waverly-Hyattsville Md — 3-8-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF March 8 1951 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) Augusta (State) Maine

DATE REC'D BY LOCAL REG. March 8 1951 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Asst.) — 24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS Riverdale Md

390906

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
MAR 10 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02875

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 20 Yr. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg. — STREET ADDRESS (If rural give location) 4306-51st Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Felix	Gaston	3-	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M-	W	Married	Mar 26 1890	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Mechanical	Philadelphia Pa	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Gaston	Clara Frances ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	134-09-4437	Hilda Gaston - Wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9711.8 **Immediate cause** (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

163g (b) Potassium cyanide poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-5-51 1:30 A m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Consumed a quantity of solution apparently containing Potassium		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Med. Exam.	Cheverly Hyattsville md	3-5-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	3/7/51	Cedar Hill Cemetery	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/51	Amanda Downey	E Brooks Sons	Hyattsville Md

046 VVV

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02876

Reg. Diat. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Prince Georges Co.

City or town Hyattsville Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Yr.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Pr Georges.

City or town Hyattsville.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5823 31 st Pl. Hyattsville Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Randolph W. Gilbert Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single.

6.(b) Name of husband or wife None.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/28/50 1 Yr.

8. AGE: Years	Months	Days	If less than one day
1		1	..... hrs. ..... min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual occupation None.

11. Industry or business None.

FATHER
12. Name Randolph W Gilbert Sr.
13. Birthplace Va

MOTHER
14. Maiden name Margaret Hindgardner.
15. Birthplace D.C.

16. Informant Mr Randolph W Gilbert Sr.

Address 5823 31st Pl. Hyattsville Md.

17. Burial Date thereof 3/31/51
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln National Cemetery.

Location Pr Georges Co Md.

18. Funeral director W. K. Huntemann

Address 5732 Ga Ave N.W.

19. August 30 1951 James Sevey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30/51 19..... at 1.20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/28/50 19..... to 3/30/51 19.....
and that I last saw him alive on 3/30/51 19.....

	DURATION
Immediate cause of death Bronchopneumonia	2 days
Due to Gastro-enteritis	4 days
Due to 571.0	
Other conditions 1190	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Robt J Bosworth, M.D. M. D. or other

Address 811-8-NE Date signed 3/30/51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02877

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellerville Md
LENGTH OF STAY (In this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellerville Md
STREET ADDRESS (If rural, give location) Montgomery Cove

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) BERNARD (Last) GLOVER
4. DATE OF DEATH: (Month) Mar (Day) 9. (Year) 19 51

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug 24. 1874 | 9. AGE last birthday 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Block Baker | 10b. KIND OF BUSINESS OR INDUSTRY salesman | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Glover | 14. MOTHER'S MAIDEN NAME Zulema Cashell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Anita C Glover Bellerville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkins Dis. — 10-49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

201x
44b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 19 49, to 3-10, 19 51, that I last saw the deceased alive on 3-10, 19 51, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B P Warner MD — ADDRESS Laurel Md. — DATE SIGNED 3.10.51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/13/51 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. March 11-1951 | REGISTRAR'S SIGNATURE John D. Smith | 24. FUNERAL DIRECTOR F Gischa Sons Hyattsville Md. | ADDRESS

690416

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02878

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale Md
STREET ADDRESS (If rural, give location) 5705 Ravenswood Rd

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) GREER
4. DATE OF DEATH: (Month) Mar (Day) 18, (Year) 19 57

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	74 yrs	9/20/1877 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Clerk	Navy Store	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luellen Greer	Mary Hagerty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	x	Helen Sansbury E. Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Renal Disease

442 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131 a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-1, 1957, to 3-18, 1957, that I last saw the deceased alive on 3-18, 1957, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Hyattsville, Md 3-19-57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/57	Arlington Cemetery	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 21, 1957	James Severy	F. Roscoe Sons	Hyattsville Md

H90699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAR 29 1951

Evidence for addition in 14 & 17 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02879

CERTIFICATE OF DEATH

FILM No. G 1[illegible] APR 5 1951

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 months
Hospital, institution, or street address where death occurred: 6202 Lee Place
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington, D. C.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4625 Gbeel Pl. NE
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Ellsworth George Groomes

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Isabelle Groomes
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 15, 1874
8. AGE: Years: 76 Months: 10 Days: 15 If less than one day: hrs. min.
9. Birthplace: Fauquier Co. - Va.
(Town, county, and state)
10. Usual occupation: U.S. Govt. Mechanic
11. Industry or business: Automobile
FATHER 12. Name: John Groomes 1443X
13. Birthplace: 93d
MOTHER 14. Maiden name: Isabella Saunders
15. Birthplace:
16. Informant: Mrs. Lucy Mae Beam
Address: 6202 Lee Pl.
17. Removal Date thereof: Mar 30-51
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Lincoln Memorial
Location: Washington D.C.
18. Funeral director: H.S. Washington & Sons
Address: 467 N St. NW.
19. Mar. 30 19 51 Carrie F. Campbell Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 19 51 at 10 32 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1950 19 to March 30 19 51 and that I last saw h[illegible] alive on March 29 19 51

Immediate cause of death: Uremia — DURATION: 4 days
Due to: Nephritis and Cerebral Hemorrhage
Due to: Hypertensive Cardio-Vas. Dis. — DURATION: 6 days
Other conditions: Natural Causes
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edwin Robinson, M.D.
M. D., or other
Address: 1201 Eastern Ave. Date signed: 3/30/51

550416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M


RECEIVED
APR 3 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02880

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS 4217 (If rural, give location) Jefferson st

3. NAME OF DECEASED (Type or Print): (First) ZAHED (Middle) HADDAD (Last)

4. DATE OF DEATH: (Month) Mar (Day) 18, (Year) 19 57

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/27/1890?

9. AGE last birthday: 60? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - financial work

10b. KIND OF BUSINESS OR INDUSTRY: British Govt

11. BIRTHPLACE (State or foreign country): Syria

12. CITIZEN OF WHAT COUNTRY? Arab

13. FATHER'S NAME: Selim Haddad

14. MOTHER'S MAIDEN NAME: Zaheda Nasseem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ameen Haddad Washington Dc

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Hypertension	
	(c) cerebral arteriosclerosis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1957, to Mar 18, 1957, that I last saw the deceased alive on Mar 18, 1957, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis N. Jamal M.D.		Cottage City, Md.	Mar 19 1957

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/57	Ft Lincoln Cemetery	Washington Dc

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 21, 1957	James Devey	E Gracie & Son	Hyattsville Md

250726

MARYLAND STATE DEPARTMENT OF HEALTH

02881

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro, Md
STREET ADDRESS (If rural, give location) Wells Corner

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Hall, Jr

4. DATE OF DEATH: (Month) Mar (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 21, 1904

9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculture, Wholesale Beer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lee Hall

14. MOTHER'S MAIDEN NAME: Susan Elizabeth Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Josephine Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	4 yrs
	(c) Hypertensive Cr Disease	Unk

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to Mar, 1951, that I last saw the deceased alive on 23 Mar, 1951, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert B Lasser M D Upper Marlboro, Md 24 Mar 51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial March 26, 1951 Mt Carmel Upper Marlboro Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 31. FUNERAL DIRECTOR | ADDRESS

March 24 R Lee Hall Harry L Skye Washington D.C.

VVV 105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02882

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1601 Eastern St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 1601 Eastern Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Gladys	Hannum	Hannum		mar.	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	7/27/1902	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Dental Supply Co.
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Fenton
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 182-05-2029
17. INFORMANT AND ADDRESS: Joseph M. Hannum (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 8 hours

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 330 (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ~~January~~ April 6, 19~~49~~, to March, 1951, that I last saw the deceased alive on March, 1951, and that death occurred at 2.05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Hoffman MD — ~~1054 Eastern Ave~~ 3118-16th St. N.W. Wash. D.C. — Mar 7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	3-5-51	Ft Lincoln Cem.	Ft. Zinger Va.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 5 1951	James Devey	The H. Sims Co.	2901-14th St. N.W. Wash. D.C.

350617

MARYLAND STATE DEPARTMENT OF HEALTH

02883

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2.H.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn, Md
LENGTH OF STAY (In this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8703-49th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn
STREET ADDRESS (If rural give location): 8703-49th Ave -

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Antwood (Last) Harlow

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13-1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Antone Harlow

14. MOTHER'S MAIDEN NAME: ? Britto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-16-4607

17. INFORMANT: Adelie Harlow - Son

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gunshot wound of chest & abdomen	
	(c)	

976 x
164c

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Berwyn — (COUNTY): Pr. Geo - (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-4-51 — m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Self inflicted gun shot wound of chest.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — **ADDRESS** — **DATE SIGNED**

John D. Malone M.D. - Dep. M.C. Prin. — Chevrolet Hyattsville Md. — 3-5-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar 6, 1951

NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: Mar 6 1951

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR — **ADDRESS**: F Gasch's Sons Hyattsville Md.

564246

VS. A15A


RECEIVED
MAR 8 1951
U.S. PATENT O.

MARYLAND STATE DEPARTMENT OF HEALTH

02884

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hintsville — LENGTH OF STAY (In this place) 1 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hintsville

STREET ADDRESS (If rural give location) Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Barbara	Ann	Harrod	3	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Sing.	12-10-1946	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Washington D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Harrod	Dorcas Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a) 4th degree burns of entire body

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration in home

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Hintsville	(COUNTY) P. Geo	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-6-51 6.00 A m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? When house caught fire		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Med. Exam.	Cheverly - Md	3-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-6-1951	Ward Bros Funeral Home	Washington D.C.

DATE REC'D BY LOCAL REG.?	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 6	Amanda Woodney	Ward Bros Funeral Home	Washington D.C.
1951	Carrie F. Campbell		

MARYLAND STATE DEPARTMENT OF HEALTH

0288 5

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Geraldine (Middle) (Last) Harrod

4. DATE OF DEATH: (Month) (Day) (Year) 3-6-1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-25-1944

9. AGE last birthday: 6 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince George Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isarah Harrod

14. MOTHER'S MAIDEN NAME: Dorka Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a) 4th degree burns of entire body

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration in home

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-6-51 6:00 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Burned in bed when house caught fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney M.D. (Degree or title) — ADDRESS: Dep. Md. Exam. Cheverly Md — DATE SIGNED: 3-6-51.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 3-6-1951 — NAME OF CEMETERY OR CREMATORY: Woodlawn, Bunnell Lane — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 3-6-1951 — REGISTRAR'S SIGNATURE: Amanda Dowdey / Carrie F. Campbell — 24. FUNERAL DIRECTOR: Bunnell Lane Woodlawn Washington D.C. — ADDRESS: Washington D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02886

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) (Last) Harrod

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-15-1947

9. AGE last birthday: 3 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaiah Harrod

14. MOTHER'S MAIDEN NAME: Dorcas Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

940.0 **Immediate cause** (a) 4th degree burns of entire body

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration in home

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) Hyattsville (COUNTY) Pr. Geo. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-6-51-6:00 A m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? During fire in bed when home caught fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malone, M.D. Dep. Med. Exam. Cheverly - Hyattsville Md. 3-6-51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF: 3-6-1951 | NAME OF CEMETERY OR CREMATORY: Washington Funeral Home | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 3-6-1951 | REGISTRAR'S SIGNATURE: Amanda Dooney, Harrie F. Campbell

24. FUNERAL DIRECTOR: Hiram S. Washington & Sons Washington Funeral Home ADDRESS: Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02887

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Ramona (Middle) (Last) Harrod

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-10-1950

9. AGE last birthday: 6 mos.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Harrod

14. MOTHER'S MAIDEN NAME: Dorcas Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a) 4th degree burns of entire body

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration in home

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Hyattsville (COUNTY) P. Geo. (STATE) Md

TIME OF INJURY (Month) 3 (Day) 6 (Year) 51 (Hour) 6 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Burned in fire within home caught fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

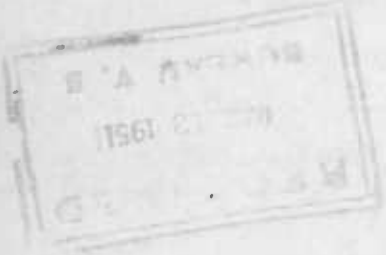
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med Examiner Cheverly, Md 3-6-57

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF: 3-6-1957 | NAME OF CEMETERY OR CREMATORY: Washington Memorial Home | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 3-6-1957 | REGISTRAR'S SIGNATURE: Amanda L. Downey (Carrie S. Campbell)

24. FUNERAL DIRECTOR: Washington Memorial Home ADDRESS: Washington D.C.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02888

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Baptist Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4149 Hamilton St

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Prince (Last) Hauser
4. DATE OF DEATH (Month) (Day) (Year) 3 25 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH [illegible] 1902 | 9. AGE last birthday 48 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Altoona Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Heuser Boldt
14. MOTHER'S MAIDEN NAME Bertha Otelbia Seig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Decompensation — 4 days

410 X 92b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation — 1 month

(c) Rheumatic H.D. Disease - Mitral Stenosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. & Probable Aortic "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 11, 1951, to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 12 55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walcott W. Gibson, M.D. 2412 Minnesota Avenue S.E. Washington 20, D.C. 3-25-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 27-1951
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Altoona - Pa.

DATE REC'D BY LOCAL REG. March 25 1951
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR ADDRESS Simmons Bros. 2007 Nichols Ave S.E. Wash. D.C.

NB: Dr Vonnetta was called ofonly [illegible] ... or seen at my office ... [illegible] Dr Vonnetta OK, [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02889 Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: Rural (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Oxon ~~Silver~~ Hill (If outside city or town limits, write RURAL and give nearest town)
Street No.: 9130-Old Fort Road S. E. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Maggie Hawkins
3. (b) Social Security Number:

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: James R. Hawkins
6.(c) If alive, give age: 81 years
7. Birth date of deceased (mo., day, yr.): May 6, 1882
8. AGE: Years: 69 8 Months: Days: If less than one day ... hrs. ... min.
9. Birthplace: St. Mary County, Maryland (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: James Bolden
13. Birthplace: St. Mary County, Maryland
MOTHER 14. Maiden name: Charity ?
15. Birthplace: St. Mary County, Maryland
16. Informant: Emma Davis
Address: 8725-Livingston Road, S. E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-15-51 (month) (day) (year)
Cemetery or crematory: Church Cemetery
Location: Chapel Hill Maryland
18. Funeral director: John T. Rhines & Company
Address: 901 3rd St., S. W. Washington, D. C.
19. March 12, 1951 (Date rec'd by registrar) Howard J Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 1951, at 9:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 28 1951, to March 12 1951
and that I last saw her alive on March 9 1951

	DURATION
Immediate cause of death: Uremia & [illegible]	
Due to: Hypertensive Cardio vascular Renal Disease	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

442x 131a

Major findings of operations: no operation done
Date of op.
Autopsy results: no autopsy performed.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Thurlow E. Coffren M.D. (M. D. or other)
Address: 2433½ [illegible] Rd S E
Date signed

50
34
1
39
1

1936
14
1
36
1

(5)

38
1
5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 02890

CERTIFICATE OF DEATH

Reg. Dist. No. 2-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Washington Blvd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Leroy	Howard	March	30,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 28 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mold Maker	Conveyancy Glass Co.	Baltimore Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Howard	Anna Belle Race

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs Martha Howard, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Myocarditis	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus.	8 yrs
(c) Arteriosclerosis	10 yrs.

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 6, 1950, to March 30, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert D McElroy Jr MD	402 Main St, Laurel Md	3/31/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 2, 1951	Laudon Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr 2-1951	James Devey	DeWitt Donaldson, Laurel, Md
Apr 6 1951		

690316

MARYLAND STATE DEPARTMENT OF HEALTH

02891

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6705 - F St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Dist. Col. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6705 F St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Talbert	Israel	Mar	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	11-12-1887	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman Salesman		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Griffith Israel	Lidia Gleason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	228-14-5405	Nettie J. Prendergast - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x **Immediate cause**	(a) Acute congestive heart failure	
131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malone M.D. Dep. Med. Exam.	Church St. Hyattsville, Md.	3-1-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/51	Rock Creek	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 2 - 1951	Carrie F. Campbell	A.H. Ames Co	2901-14th St. N.W. Wash. D.C. 470746

M

The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02892

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 month & 18 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 2148 O. St., N. W.

3. NAME OF DECEASED (Type or Print) (First) Anastasia (Middle) W (Last) Jacobson

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9/26/1876

9. AGE last birthday 74 yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown (retired)

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Waterloo, Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Walsh

14. MOTHER'S MAIDEN NAME Ellen Dowd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	3 Months
	(c) General arteriosclerosis	3 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

260x

002x

13b

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 4:20 p m., from the causes and on the date stated above.

SIGNATURE David Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 3/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 27 51
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. 3/24/51

REGISTRAR'S SIGNATURE Wol Weiss

24. FUNERAL DIRECTOR J. Wm. Lee's Son's Co
ADDRESS 300 4th St. N.E. Wash. D.C.

vvvvvv

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02893

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 44 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 26 Logan Circle, N. W.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) JAMES

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 7/31/1915

9. AGE last birthday: 35 yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: French Embassy

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Goodman

14. MOTHER'S MAIDEN NAME: Agnes Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3 mos

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 19.51, to 3/23, 19.51, that I last saw the deceased alive on 3/23, 19.51, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 3/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 3/26/51 NAME OF CEMETERY OR CREMATORY: Woodlawn cemetery LOCATION (City, town, or county): Westernville (State): D.C.

DATE REC'D BY LOCAL REG. 3/24/51 REGISTRAR'S SIGNATURE: Roe Wern

24. FUNERAL DIRECTOR: L. E. Murray & Son - 1337-10th ADDRESS

720836 St. NW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02894

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 9 mos., & 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 66 Mass. Ave., N. W.

3. NAME OF DECEASED (Type or Print): (First) IZORLA (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3/31/1919

9. AGE last birthday: 31 yrs. — If under 1 year: Months –, Days –; If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Greenwood, S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Johnnie Johnson

14. MOTHER'S MAIDEN NAME: Lille Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: 576-26-800

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: 1yr 7mos

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

138

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1950, to 3/24, 1951, that I last saw the deceased alive on 3/24, 1951, and that death occurred at 9:45 a m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 3/24/51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) — DATE THEREOF: 3/31/51 — NAME OF CEMETERY OR CREMATORY: Paynes Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 3/25/51 — REGISTRAR'S SIGNATURE: Mae West — 24. FUNERAL DIRECTOR ADDRESS: Evans Funeral Home 29-H. Md.

754VV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02895

243

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Johnson

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 11-1891

9. AGE last birthday: 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Pratt

14. MOTHER'S MAIDEN NAME: Nanny Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yr., give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral Hydronephrosis	3 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe Malnutrition and Dehydration	6 weeks
	(c) Carcinoma of Bladder	10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18l x
52 b

19a. DATE OF OPERATION: Aug. 1950

19b. MAJOR FINDINGS OF OPERATION: Epidermoid Carcinoma of Bladder (Johns Hopkins Hospital)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Mar. 1, 1951, that I last saw the deceased alive on Mar. 1, 1951, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

SIGNATURE: T. Richard Conner, M.D. (Degree or title) — ADDRESS: Bowie, Maryland — DATE SIGNED: 3/1/'51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE: Mar 5-1951 | NAME OF CEMETERY OR CREMATORY: Ascension Ch. | LOCATION (City, town, or county): Bowie | (State): Md

DATE REC'D BY LOCAL REG.: Mar. 2, 1951 | REGISTRAR'S SIGNATURE: Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR: Vincent L. Hladung — ADDRESS: Bowie Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02896

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George's Co MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Eastpines Md
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastpines Md
STREET ADDRESS (If rural, give location) 6319 Riverdale Road

3. NAME OF DECEASED (Type or Print) (First) Simon (Middle) (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1951 19

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 6/29/1864

9. AGE last birthday 86 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reitred City Department

10b. KIND OF BUSINESS OR INDUSTRY Johnstown Pa

11. BIRTHPLACE (State or foreign country) Cornwell England

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Richard Johnson

14. MOTHER'S MAIDEN NAME Mary Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Merle Johnson Eastpines Md (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1/22.1 Immediate cause	(a) Cardiovascular Renal Disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last P32	(b) II Pneumonoconiosis	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1951, to 3-29, 1951, that I last saw the deceased alive on 3-29, 1951, and that death occurred at 3:05 P.m., from the causes and on the date stated above.

SIGNATURE L.W. Bonner M.D. (Degree or title) M.D. ADDRESS 4314 Gallatin St Hyattsville, Md. DATE SIGNED 4-2-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/2/51

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. April 2, 1951

REGISTRAR'S SIGNATURE James Seney

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Maryland.

VV 936

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02897

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 7 mos, & 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 401 M. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) PEARL (Middle) MAE (Last) JORDAN

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/25/25

9. AGE last birthday: 25 yrs.

If under 1 year: Months -; Days -

If under 24 hrs.: Hours -; Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY: 5 & 10¢ H. S. King

11. BIRTHPLACE (State or foreign country): Timonessville, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Jordan

14. MOTHER'S MAIDEN NAME: Easter Levy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoidosis Generalized — Interval between onset and death: 4yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

1980
56 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1950, to 3/20, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Red Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 3/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): ✓ DATE THEREOF: 3/21/51 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Washington D.C

DATE REC'D BY LOCAL REG. 3/21/51 REGISTRAR'S SIGNATURE: Moe Weiss

24. FUNERAL DIRECTOR: Robinson Co ADDRESS: 1313-6 St NW

George Hayden · 390647


RECEIVED
MAR 29 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02898

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5800 44th Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) L. (Last) King

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 6/27/1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U. S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture Dept.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi King

14. MOTHER'S MAIDEN NAME: Mary Lower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Clifton King, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: ? years

442 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1951, to 3/27, 1951, that I last saw the deceased alive on 3/26, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: G. Louis Mendel (Degree or title) M.D. — ADDRESS: College Park — DATE SIGNED: 3/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF: 3/30/51 | NAME OF CEMETERY OR CREMATORY: W. Township Cemetery | LOCATION (City, town, or county) (State): Moultrie, Ohio

DATE REC'D BY LOCAL REG.: 3/29/51 | REGISTRAR'S SIGNATURE: James Severe | 24. FUNERAL DIRECTOR ADDRESS: F. Laeche & Son Hyattsville Md.

VVV105

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

** WW **

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02899

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 7 yrs. 8 mos. 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1506 N. Bond St.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) VIRGINIA (Last) KOEHLER

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1951

5. SEX: ~~Male~~ Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify) widowed

8. DATE OF BIRTH: 12-25-1869

9. AGE last birthday: 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P. Hamilton

14. MOTHER'S MAIDEN NAME: Sarah Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Henry H. Koehler, 1506 N. Bond St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Many Years
Antecedent cause(s)	(b) Influenza	4 days.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Arteriosclerosis	Many Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Post Apoplectic)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1949, to 3-30, 1951, that I last saw the deceased alive on 3-30-, 1951, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James P. Hands. M.D. Laurel Sanitarium, Laurel, Md. 3-30-1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/2/51 | NAME OF CEMETERY OR CREMATORY Baltimore Cem. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. March 31. 1951 | REGISTRAR'S SIGNATURE R.W

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons, ADDRESS Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02900

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington Road Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton, Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Auto accident.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buffalo; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank		Kroll	March	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Feb 22 1922	29 yrs.				

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S.N.R. U.S. Naval Radio Sta.	Cheltenham Md	Buffalo, N.Y.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Stella Cholewa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
U.S. Navy (Retired)		Officers U.S. Naval Radio Sta. Cheltenham Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound Comminuted fracture	
	(c) of skull and laceration of scalp.	

812.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Struck by an automobile

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Washington Road	Clinton	Prince George	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
Mar 29 1951 6:30 p.m.			Struck by auto while walking.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Act. Coroner	1425 Silver Hill Rd Washington 10, D.C.	March 29 1951

27. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	3/30/51		Buffalo, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-29-51	[illegible]	Wasley Funeral Home	673916
	Mrs. Alton Davis	301 - E. Capitol St.	Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02901

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) 33 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural, give location) 3106 - Shepherd St.

3. NAME OF DECEASED (Type or Print): (First) E (Middle) Elmer (Last) Sampson

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/16/876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Service Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy Valley N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell P. Sampson

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clara E. Sampson Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 x

Immediate cause (a) CARCINOMA OF BLADDER WITH METASTASES — Interval Between Onset and Death: 9 Mos.+

52 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CORONARY HEART DISEASE — 2 YEARS+

19a. DATE OF OPERATION: Sept 1950

19b. MAJOR FINDINGS OF OPERATION: UNRESECTABLE CARCINOMA OF BLADDER

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1951, to 3/25, 1951, that I last saw the deceased alive on 3/19, 1951, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE: Norman Donat Cowan (Degree or title) M.D. ADDRESS: 3303 PERRY ST MT. RAINIER Md. DATE SIGNED: 3/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3/28/51; NAME OF CEMETERY OR CREMATORY: Mt. Nat'l; LOCATION (City, town, or county): Suitland (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 27 1951; REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Kilgutt Registrar

24. FUNERAL DIRECTOR: Ballentine Funeral Home Inc ADDRESS: 5200 - R.D. Ave. Mt. Rainier Md.

3905 79

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02902

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 5 yrs. 7 mo's 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1506- E. Capitol, N.E. ✓

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) P. (Last) MANN

4. DATE OF DEATH: (Month) March (Day) 7th (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 8/28/89

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Streetcar motorman

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Mann

14. MOTHER'S MAIDEN NAME: Josephine Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-10-5171

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: 5 yrs 8 mos

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27th, 1945, to March 7th, 1951, that I last saw the deceased alive on March 7th, 1951, and that death occurred at 5:35 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane — (Degree or title) M.D., — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 3/6/51

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF: 3/7/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 3/9/51 | REGISTRAR'S SIGNATURE: Moe Weiss

24. FUNERAL DIRECTOR: Timothy Hanlon — ADDRESS: 644-H-St. NE

661516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02903

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY: Prince Georges Co., Glenn Dale — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 yrs. 1 mo., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural, give location): 11- Forrester St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) V (Last) MANUEL

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 6/25/1904

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse

10b. KIND OF BUSINESS OR INDUSTRY: (priv.duty

11. BIRTHPLACE (State or foreign country): Washington, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Manuel

14. MOTHER'S MAIDEN NAME: Annie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): – (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: –

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis far advanced — 38 Mo

Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

002x
13b

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, SUICIDE, HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1949, to 3/10, 1951, that I last saw the deceased alive on 3/10, 1951, and that death occurred at 12 35 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md DATE SIGNED: 3/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): ✓ DATE THEREOF: 3/10/51 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Washington Virginia

DATE REC'D BY LOCAL REG.: 3/10/51 REGISTRAR'S SIGNATURE: Alve Owens

24. FUNERAL DIRECTOR: Burton & Lee Funeral Parlor ADDRESS: Washington Va.

K. Hopkins 058868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02904

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges
MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town)
TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 4 yrs., 2 mos. and 17 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4100 53rd Avenue, Apt. #3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	W	MARSHALL	3	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	3/7/21	29 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Typewriter mechanic	Unknown	Washington, D. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Marshall	Ruby Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	577-20-0763	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 7 years 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 18th, 1946, to March 5th, 1951, that I last saw the deceased alive on 3/5/51, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finnicane	M. D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	3/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/51	Arlington National	Fort Myer, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5/51	Ida Weiss	Gawler Lee Sons Co	300 4½ St. N.W.

551817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02905

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 138 You St., N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GERTRUDE	A	MARTIN	3	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Married	4/12/1918	32 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Alexandria, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bernard N. Lee	Carrie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	225-10-3389	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 4 years 7 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/28, 1951, to 3/7, 1951, that I last saw the deceased alive on 3/7, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	3/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/8/51		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/8/51	Hoe Weiss	Malone & Sehy Inc.	424-R St. NW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02906

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D.C. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Pr. Geo.
STREET ADDRESS (If rural, give location) 7012 Central Avenue SE

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) L. (Last) Mattis

4. DATE OF DEATH: (Month) Mar. (Day) 5 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Feb 15 1949

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mr. Edward S Mattis

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Congestion & Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

7543 1572

(c) Congenital Heart Disease (Interauricular & interventricular septal defects.)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1951, to 3/5, 1951, that I last saw the deceased alive on 3/5, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brainin MD 612 Central Ave, Capitol Hgts Md 3/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/6/51

NAME OF CEMETERY OR CREMATORY: Passaic

LOCATION (City, town, or county) (State): Passaic N.J.

DATE REC'D BY LOCAL REG. 3/5/51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 517-11th St. S.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02907 Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 18 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3805 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 45-49 Conduit Road

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) — (Last) Mc Carthy
4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 23 1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Bur. of Printing & Eng
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward J Mc Carthy
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Justin Mc Carthy - 703 D St S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Arteriosclerotic Heart Disease
420.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d
(b) Hypertension
(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to March, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 4 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Bernard A. Fitzgerald MD — 822 H St. NE Dc. — 3/9/51

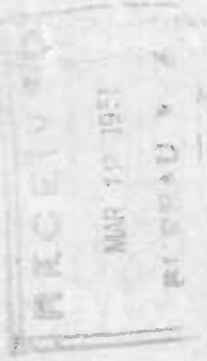
23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 3/12/1951 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Prince Georges Md

DATE REC'D BY LOCAL REG. March 9 1951 — REGISTRAR'S SIGNATURE James Sekey

24. FUNERAL DIRECTOR — ADDRESS
Robert L Mattingly - 131-11th St S E Washington D C
VVV 459

Mattingly

4309 - Damaged



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02908

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills. STREET ADDRESS (If rural, give location) 4206 72 24 Ave

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Mealy

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-29-64

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: R. Mealy - 4206 72 nue Ave. Landover Hills MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1951, to 3-8, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: W. A. Bowen M.D. (Degree or title) ADDRESS: 4314 Gallatin St. Hyattsville Md. DATE SIGNED: 3-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/12/51 — NAME OF CEMETERY OR CREMATORY: Mount Olivet — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: March 9, 1951 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: Gawler Funeral Home 641-11 St. NE

541 VV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02909 Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. RAINIER; LENGTH OF STAY (in this place); STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4404 30th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Ge.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. RAINIER; STREET ADDRESS (If rural, give location) 4404 30th St.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) MILLER.

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1951.

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 29, 1885

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): New York.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN.

17. INFORMANT AND ADDRESS: Florence G. Liston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aplastic Anemia. — Interval Between Onset and Death: 10 mos.

292.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Mar. 25, 1951, that I last saw the deceased alive on Mar. 24, 1951, and that death occurred at 5:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. A. Connor, M.D. 2026-16th St. N.W. - Wash. 9, D. C. 3/25/51.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/27/51 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) (State) Washington DC.

DATE REC'D BY LOCAL REG. Mar 25 1951 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Timothy Hanlon 641 H St. NE.

Mar 26 1951 James Seay

544 VVV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02910

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 12 yrs. 1 mo. 24 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Burlington Hotel

3. NAME OF DECEASED (Type or Print): (First) MARIA (Middle) RAUM (Last) MOSES
4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-8-1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Green B. Raum
14. MOTHER'S MAIDEN NAME: Maria Field

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Frances Cranston, Burlington Hotel, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — many years

422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

922

(b) Chronic Endocarditis — " "

(c) General Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1949, to 3-31-, 1951, that I last saw the deceased alive on 3-30-, 1951, and that death occurred at 7:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James P. Sands M.D. Laurel Sanitarium, Laurel, Md. 3-31-1951

23. BURIAL / CREMATION / REMOVAL (Specify) — DATE 4-4 1951 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE RECD BY LOCAL REG. March 31-51 — REGISTRAR'S SIGNATURE W. Brashears — 24. FUNERAL DIRECTOR Jos. Dowler's Sons — ADDRESS Wash., D.C.

VW VVV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02911 245

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Prince Georges | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier | LENGTH OF STAY (in this place): 42 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3814-33rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 3814-33rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	B.	Murdock	March 4 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	9/20/1858	92 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter for	Railroad	New York State	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel E. Murdock	Elizabeth Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. John J. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	3 weeks
332X 831 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Generalized	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov., 1946, to March 4, 1951, that I last saw the deceased alive on Mar. 3, 1951, and that death occurred at 6 30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hageage	M.D.	Mt. Rainier, Md.	March 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/6/1951	Cedar Hill Cemetery	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 5 1951	Mrs. Jos. Revere Deputy	Talley's Funeral Home	3200-R.I.Ave. Mt. Rainier, Md.

510506

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02912

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reuben	Arnold	Myers	Mar.	13	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-28-24	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tenant	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl L. Myers	Bell Goolsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes. W. War 2	256-24-6581	Joyce Myers - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.1 **Immediate cause** (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

175a (b) Laceration of Superior Vena Cava

(c) Arm & shoulder pulled into machinery of hay baler.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home (farm)	Brandywine	Pr. Georges	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
3-13-51 8 p. m.		Arm caught in hay baler

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Md. Exam - Cheverly	Hyattsville, Md	3-14-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	3/15/51	J.B. Vickers Funeral Home	Gainesville, Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 15 1951	R. Cecil Smith	Ritchie Bros. Upper Marlboro, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

02913

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6413 - Elliott Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale
STREET ADDRESS (If rural give location) 5423 - 55th Place

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lynn	Owens		3	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9-21-92	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Owens	Jennie Conwyl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes - World War I	579-16-2012	Hazel Owens - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	
131a	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☒ *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Dep. Med. Examiner - Cheverly, Md.	3-19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	3/20/51	Freedom Cemetery	Freedom N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 20 1951	James Severs	E. Gracia Sons	Hyattsville Md

510246

VS. A15A


RECEIVED
MAR 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02914

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Latham
LENGTH OF STAY (In this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Latham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BEATRICE	ELIZABETH	PARKER	Mar.	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	1907	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC - Housewife - Own home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wetumpka - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Unk~~ WM. Strother
14. MOTHER'S MAIDEN NAME: Emma Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Husband - Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
130-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis — 7

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1951, to Mar 26, 1951, that I last saw the deceased alive on Mar 26, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. G. Bolden, M.D.
ADDRESS Washington DC 4427 Hunt Pl NE
DATE SIGNED May 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/29/51
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
LOCATION (City, town, or county) (State) Mt. Auburn Md

DATE REC'D BY LOCAL REG. 3-28-51
REGISTRAR'S SIGNATURE Amanda Downey ~~Orrie T. Campbell~~
24. FUNERAL DIRECTOR F. Gasche & Son
ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02915

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45.15M

1. PLACE OF DEATH:
County: Prince Geo.
City or town: Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Md County: Pr Geo
City or town: Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Perry

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 2 1870

8. AGE: Years	Months	Days	If less than one day
80			... hrs. ... min.

9. Birthplace Tompkinsville Md (Town, county, and state)
10. Usual occupation Housework Ret
11. Industry or business For others

FATHER
12. Name Charles E. Perry
13. Birthplace Va

MOTHER
14. Maiden name Francis E. Lloyd
15. Birthplace Chas Co Md

16. Informant Bernard L. Perry Brother
Address Tompkinsville Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-10-57 (month) (day) (year)
Cemetery or crematory Holy Ghost
Location Issue Md

18. Funeral director Hewitt & Lyon
Address Waldorf Md

19. 3/9/57 (Date rec'd by registrar) 19 ... Julian H. Posey James Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 19 57, at 9:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 57, to March 19 57
and that I last saw h... alive on February 28 19 57

Immediate cause of death	DURATION
Bronchopneumonia	
Due to Arteriosclerotic Heart Disease	
Due to Generalized Arteriosclerosis	
Other conditions Senility	

420.0
93d
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bernard A. Fitzgerald M.D.
M. D. or other
Address 322 H. St. NE Date signed 3-8-57

120836

MARYLAND STATE DEPARTMENT OF HEALTH

02916

2411 N. Charles Street, Baltimore

Evidence for addition in 19b shown on:

CERTIFICATE OF DEATH

Reg. Dist. No. 242

FILE No. G 132 APR 5 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Geo. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladbury Hgts
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladbury Hgts.
STREET ADDRESS (If rural, give location): 5106 Byers St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) PHILLIPS

4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/23/09

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ala. Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Phillips

14. MOTHER'S MAIDEN NAME: Ophlia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.: If yes, give war or dates of service: 579-05-6168

17. INFORMANT AND ADDRESS: Mrs. Phillips, 5106 Byers St SE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x — **Immediate cause** (a) Uremia, severe — Interval between onset and death: 8 days

Antecedent cause(s)

1170 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Chronic nephritis — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 7 years

19a. DATE OF OPERATION: Sept 7, 1950

19b. MAJOR FINDINGS OF OPERATION: Peptic ulcer (active resection) - contributory cause

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (4/5/51) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 19 47, to March 27, 19 51, that I last saw the deceased alive on March 26, 19 51, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE: Ernest E Cornfeld MD (Degree or title) ADDRESS: 4400 Bowen Rd SE Wash 19 DC DATE SIGNED: 3/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/29/51 — NAME OF CEMETERY OR CREMATORY: Wash. Nat'l — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: Mar 27-51 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: W. H. Chambers Co — ADDRESS: 5117 Ilth St SE

682536 OC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02917

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Gardens
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Gardens
STREET ADDRESS (If rural, give location) 6618 - 46th Ave.

3. NAME OF DECEASED (Type or Print): (First) LEVIS (Middle) R. (Last) POSTON
4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 1, 1900
9. AGE last birthday: 50 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmer Stevens
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Perry C. Poston Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, metastatic, skull, chest and abdomen

170 x 50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, breast, bilateral

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947, 1950, 1950
19b. MAJOR FINDINGS OF OPERATION: 1. Amputations Carcinoma, breast bilateral. 2. metastatic adenocarcinoma epithelial & omentum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

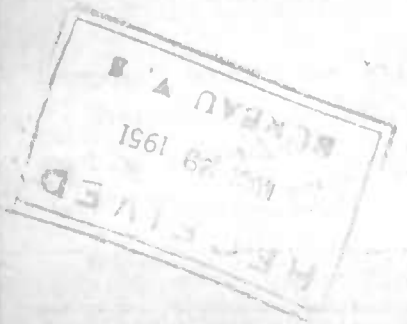
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 47, to Mar., 19 51, that I last saw the deceased alive on 28 March, 19 51, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jules Hilbert, MD. 3702 Chillum Rd., Mt Rainier, 3-28-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 30 1951
NAME OF CEMETERY OR CREMATORY Arlington Memorial
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. March 28, 1951
REGISTRAR'S SIGNATURE James Sevely
24. FUNERAL DIRECTOR J. Allen Lee Funeral Co
ADDRESS 300 4½ St. N.W. Washington D.C.


RECEIVED
MAY 29 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02918

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:
County: Prince George's
City or town: Seat Pleasant (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 51 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Seat Pleasant (If outside city or town limits, write RURAL and give nearest town)
Street No. 6250 Rollins Ave (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: QUEEN, DANIEL

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Martha Snowden Queen
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 1, 1871

8. AGE: Years	Months	Days	If less than one day
79	7	28	— hrs. — min.

9. Birthplace: Anne Arundel Co Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: — OWNER

FATHER
12. Name: Queen THOMAS
13. Birthplace: Maryland

MOTHER
14. Maiden name: NANCIE
15. Birthplace: Maryland

16. Informant: BLAKE, ELNORA
Address: 6250 ROLLINS AVE

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-2-51 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Washington D.C.

18. Funeral director: Henry E. Washington & Sons
Address: 467 N ST. N.W.

19. Mar. 29 1951 (Date rec'd by registrar) Carrie Campbell. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1951 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16 1951 to March 29 1951 and that I last saw h... alive on March 29 1951

Immediate cause of death: Arteriosclerotic Cardio-vascular renal disease / — DURATION

Due to: 442X

Due to: 131a

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

Theodore Pinckney M.D.
23. SIGNATURE: M. or other
Address: 4832 Deane Ave Washington, D.C. Date signed 3/29/51

100105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02919

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills. — LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4021-72 nd ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills.
STREET ADDRESS (If rural, give location) 4021-72 nd Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J (Last) Rakocy

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Catholic Assist.

11. BIRTHPLACE (State or foreign country): Mount Carmel, Pa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph J Rakocy

14. MOTHER'S MAIDEN NAME: Helen Lychuruv

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 205-03-3904

17. INFORMANT: Mrs. Emma M Rakocy Spouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas. — Interval Between Onset and Death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

157X 469

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/51, 1951, to 3/20, 1951, that I last saw the deceased alive on 3/18, 1951, and that death occurred at 7:54 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frederick E. Munro, M.D. — 3-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/24/51 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REG. 3-20-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: The S N Hines Co — ADDRESS: 901-14th St Wash. D.C.

970886


RECEIVED
MAR 29 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02920

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville, Md. — LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Maryland
STREET ADDRESS (If rural, give location) 3900 - 52nd Street -

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Rector

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 5, 1866

9. AGE last birthday 84 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Tamponade, Ruptured left ventricle

420.0 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction, circumflex branch, left coronary artery

(c) Generalized arteriosclerosis with arteriosclerotic heart disease and hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 47 to 3-21, 19 51, that I last saw the deceased alive on 3-20, 19 51, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dayton O Watkins MD 5304 annapolis Rd Hyattsville 3-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Mar 24-1951 — NAME OF CEMETERY OR CREMATORY Warrenton Cemetery — LOCATION (City, town, or county) (State) Warrenton, Va.

DATE REC'D BY LOCAL REG. 3-22-51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS O C Pearson Falls Church Va.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02921

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lupedo Md
STREET ADDRESS 5804 (If rural, give location) arlow st

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) LENA (Last) REEL

4. DATE OF DEATH: (Month) Mar (Day) 20, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb 18, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): washington dc

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unk

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Fulton Reel Lupedo Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15 years

420.1 94a

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1939, to 3-19, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: John P. Clum (Degree or title) M.D. ADDRESS 6110 43rd Ave Hyattsville Md DATE SIGNED 3-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar 22, 1951 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 3/21/51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: F. Gaskins Sons ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02922

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural, give location) 5406 - 56th Place -

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Almon	C.	Beard	March	5,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W		Oct. 1, 1888	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	SELF EMPLOYED	RUSSELL SPRINGS KY	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		NONE	JOHN C TAYLOR,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260x **Immediate cause** (a) Massive pulmonary edema. — 20 min

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sudden cardiac failure. — 20 min.

(c) Diabetes; Diabetic gangrene - left leg for 2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-5, 1951, to 3-5, 1951, that I last saw the deceased alive on 3-5, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R L Beard M.D. — M.D. 4514 Ballatine St. Hyattsville, Md. — 3-5-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	MAR. 6 1951		RUSSELL SPRINGS KY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/51	Amanda Downey	W W CHAMBERS CO	RIVERDALE MD

290 VVV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02923

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Brentwood; LENGTH OF STAY (In this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4529 Banner St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY P. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural, give location) 4529 Banner St.

3. NAME OF DECEASED (Type or Print): (First) LELIA (Middle) Gertrude (Last) RICHARDSON

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-15-1893

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Coles

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Ralph Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Myocardial heart failure	7 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Overeating	one day
(c)	Rheumatoid arthritis	8 yrs

722.0

59a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to March 28, 1951, that I last saw the deceased alive on March 28, 1951, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Hudson | ADDRESS Laurel Md | DATE SIGNED March 28, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3/30/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) 467 K St N W Wash D C

DATE REC'D BY LOCAL REG. March 28, 1951 | REGISTRAR'S SIGNATURE James Seavey

24. FUNERAL DIRECTOR: H. S. Washington & Sons | ADDRESS 467 N St NW

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02924

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Pr. Geo's Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
STREET ADDRESS (If rural, give location): 100 - Swan Road S.E

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) A. (Last) Rutter

4. DATE OF DEATH (Month) (Day) (Year): March 26 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8-1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James W. Thacker

14. MOTHER'S MAIDEN NAME: Mary E. Eaves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: William Rutter 100 - Swan Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 49, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 11:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ernest R. Carnlsen M.D.	4400 Bowen Rd. S.E. Wash 19, D.C.	3/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	March 29-51	Fort Lincoln Cemetery	Pr. Geo's Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 26	Howard I Beall	Simms Bros.	2007 Nichols Ave. S.E. Washington

MARYLAND STATE DEPARTMENT OF HEALTH

02925

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) Prince Georges Co. Glenn House

3. NAME OF DECEASED (Type or Print): (First) ERNest (Middle) CLIFFORD (Last) SENIOR
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: April 2, 1904
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): Beaver Falls, Pa
12. CITIZEN OF WHAT COUNTRY? Am.
13. FATHER'S NAME: Frank Senior
14. MOTHER'S MAIDEN NAME: Catherine Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? ? (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ? ?
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 Months or longer

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with bronchogenic.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1951, to Mar 25, 1951, that I last saw the deceased alive on Mar 24, 1951, and that death occurred at 7 1/2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lee Mealer MD — Riverdale Md — 3-25-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Mar 25, 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. March 25 1951 — REGISTRAR'S SIGNATURE James Devey — 24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co. Wash. 3, D.C.

510246

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02926

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allentown — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6862 Allentown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allentown
STREET ADDRESS (If rural, give location) 6862 Allentown Road.

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) Warren (Last) Stoffel

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-27-1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tentmaker

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Stoffel

14. MOTHER'S MAIDEN NAME: Rose Hollar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Tod Stoffel Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 4200

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 1310

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Maryland 3-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 29 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REG.: March 26 — REGISTRAR'S SIGNATURE: ~~Howard A Bird~~ Mrs Allen Davis

24. FUNERAL DIRECTOR — ADDRESS: J. Fillmore Lees Sons Co. 300-4th St. N.E. Washington D.C. 502 VVV

03156

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arden
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arden
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) (Last) Sweeney

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/25/1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Chandler

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Julia Butler, Glen Arden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cort. Cardiac Failure — 1 wk

421.4 92d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis - Hypertension — several yrs

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948 to Mar 19, 1951, that I last saw the deceased alive on Mar 19, 1951, and that death occurred at 9.00 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Vernon A Wilkerson	M D	61. K St NE. Wash DC.	Mar 20, 51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/22/51	Woodlawn Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/51	Amanda Downey Carrie F. Campbell.	Varnum Memorial Funeral Service, Inc.	D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02927

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIVERDALE
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EUGENE LEE MEM. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND — COUNTY: PRINCE George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYATTSVILLE
STREET ADDRESS (If rural, give location): 4922-40th Pl.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) TIERNEY

4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: (about 1866) No Record.

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: Dept. of INTERIOR

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? AM.

13. FATHER'S NAME: PATRICK TIERNEY

14. MOTHER'S MAIDEN NAME: WINIFRED Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: MISS ELSIE TRAVERS (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive arterio-sclerotic Heart Disease	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate c metas. to pelvis	3 yrs.
	(c) Uremia	1 mo.

177X
516

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility — 10 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1951, to 3-20, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 925 a.m., from the causes and on the date stated above.

SIGNATURE: L. Eckenberger, M.D. — (Degree or title) — ADDRESS: Riverdale Md. — DATE SIGNED: 3-20-51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Mar 22, 1951 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: March 24 1951 — REGISTRAR'S SIGNATURE: James Seavey

24. FUNERAL DIRECTOR — ADDRESS: J Rasche sons Hyattsville Md

523916

Evidence for change in 9 shown on:

HLM No. G 1, - MAR 21 1951

02928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanorly, Md. — LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landora, Maryland
STREET ADDRESS (If rural, give location) 16 Central Ave. - Rt. -1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Tretheway

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 19, 1874

9. AGE last birthday: 7776 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Ret. Retired Lab. I

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): New York, N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Tretheway

14. MOTHER'S MAIDEN NAME: Sarah Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lillian Mousted (Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Congestion

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Purulent Bronchiectasis (both lower lobes & rt. middle lobe)

(c) Arteriosclerotic Ht. Disease & Cardiomegaly + Failure

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1951, to March 13, 1951, that I last saw the deceased alive on March 13, 1951, and that death occurred at 2:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Smit-Ritchie M.D. 7005 Ritchie Road S.E Wash 19 D.C.

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF Mar. 16-1951 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REG. 3/14/51 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS Washington, D.C.

VVV916

Evidence for addition in 17 shown on:

FILM NO. G 1 APR 5 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02929

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Prince Geo Co
City or town: East Pines Riverdale Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pr Geo
City or town: East Pines
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5807 63 Pl East Pines Riverdale Md
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Sarah K Walls

3.(b) Social Security Number

4. Sex: F
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Wid
6.(b) Name of husband or wife: Michael E Walls
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Nov 11 1866
8. AGE: Years 85 Months Days If less than one day ... hrs. ... min.
9. Birthplace: Pa (Town, county, and state)
10. Usual occupation: H. W
11. Industry or business: Home
FATHER 12. Name: George Yhome
13. Birthplace: Pa
MOTHER 14. Maiden name: Mary McCay
15. Birthplace: Pa
16. Informant: Mr Luther P. Klime
Address: 5807 63 Pl.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: 4-4-51 (month) (day) (year)
Cemetery or crematory: Pres Cem
Location: Hollidaysburg Pa
18. Funeral director: W K Huntemann
Address: 5732 Ga Ave Md
19. March 31 1951 James Devers, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/31 1951, at 5:30 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1950 to 3-31- 1951
and that I last saw her alive on 3/28/51 19

	DURATION
Immediate cause of death: Congestive Heart Failure	6 wks.
Due to: Arterio-Sclerotic Heart Disease	10 years
Due to	
Other conditions: 420.0 93d	

(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Albert Roth, M.D. (M. D. or other)
Address: Riverdale, Md Date signed: 3/31/51

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

02930

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Riverdale Pr. Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale; LENGTH OF STAY (in this place) 30 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt; STREET ADDRESS (If rural, give location) 2F Parkway Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Louise	Welsh	Mar.	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Jan. 14, 1901	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H.W.	Own home	Arkansas	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward C. Johnston	Minnie M. Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	?	Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MALNUTRITION & STASIS PNEUMONIA	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF Right BREAST	2 YRS
	(c) METASTASIS TO LUNG & SPINE	

170 × 50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
11				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-24, 1951, to 3-21, 1951, that I last saw the deceased alive on 3-21, 1951 and that death occurred at 8 50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leland J. Wilkinson	MD	440 Greensboro Road Riverdale	3-22-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/24/51	Ft. Lincoln Cemetery	Colmar Manor	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 24 1951	Mrs. Jas Severe (Deputy Reg.)	F. Bosch Sons	Hyattsville Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02931

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1525-49th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural give location) 1525-49th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Allen	Wood	3	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Sept 6, 1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Junk	Orange Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wood	Lucy Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	577-30-4814	Lucy & Gertrude Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	
	(c) Cardiovascular Renal disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

420.1
131a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D.	Dep. Med. Exam.	Cheverly Hyattsville Md.	3-25-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-25-51		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-25-51	Amanda Downey	Geo. L. Better	970 M 1203 Walter St SE